

operation, due to the fact that she was exposed to cold, damp weather while improperly dressed.

On the 12th December the platelets numbered 350,000 and red cells 5,500,000 with hæmoglobin 95 per cent. The child at this time had recovered her usual spirits and strength and was rapidly increasing in weight towards her normal, though the urine still shows a trace of albumin.

It will be noted that:

1st. Non-surgical treatment absolutely failed and the condition got worse.

2nd. With the exception of one small one, two days after operation, there were no hæmorrhages after the spleen had been removed.

3rd. Platelet count rose rapidly to 800,000 per c.mm. and three months later it was 350,000.

4th. That the general condition at present is,

(in spite of a severe nephritis), almost restored to normal.

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PYÆMIA AFTER SCARLET FEVER

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THE following case is an instance of a class which has been common in the past in any hospital treating a large number of scarlet fever patients, but which with more modern treatment should become exceedingly rare.

Doreen H. was a healthy little girl of five years, of healthy parentage. She had never been previously ill but contracted measles, the rash developing on April 21st, 1925. On April 23rd when convalescent she was accidentally exposed to infection from scarlet fever. Three days later, April 26th, occurred the typical onset of scarlet fever with vomiting, headache, sore throat and a sharp rise of temperature to 102°. Within twelve hours the characteristic eruption appeared. For the first three days the disease appeared to be running a moderate course but on April 29th with a further rise of temperature to 104° the disease took on the characteristic septic type with profuse purulent discharge from the nostrils and mouth and on the following day a discharge from both ears. Now there were two occasions when this sequence might have been prevented. On exposure to infection

she might have been immunized by a small dose of scarlet fever antitoxin or on developing the disease its course might have been aborted by a moderate treatment dose of the serum. However, at that time the serum was difficult to obtain and was only used in the worst cases, and her case appeared at first to be of only moderate severity. To resume, following the discharge from the ears her condition appeared to improve and the temperature to moderate but on May 7th with a further rise of temperature there was evidence of involvement first of the right and then of the left mastoid, necessitating a bilateral mastoidectomy on May 9th. Her fever did not subside after the operation and on May 12th there developed an acute arthritis of the right knee, followed by arthritis of the right ankle on May 14th. On the 16th both joints were aspirated showing thick pus with numerous hæmolytic streptococci. A blood culture taken the same day revealed a copious growth of the same streptococcus. Other joints became involved in rapid succession, the left sterno-clavicular, both elbows and both ankles.

All were aspirated on several occasions and when this did not suffice and much pus was present were opened by small incisions. Her general condition became very poor; there was extreme emaciation and prostration. Her heart-beat became extremely rapid, although there was never any evidence of a definite endocarditis. Fortunately, the weather was fine so her bed was moved right out of doors into the hospital grounds and she was given general supporting treatment.

As the weeks passed there was evidence of gradual loss of virulence of the infection. Her fever slowly subsided during the month of June, her pulse became less rapid and though fresh abscesses still appeared about the joints they were not accompanied by much local or general reaction and healed rapidly on aspiration. She began to gain weight, to appear brighter and take more nourishment. Most of the joints returned entirely to normal, only the right knee, the first joint involved, still showing suppuration. In September there was a slight rise of temperature and fluid rapidly collected in the left pleural cavity. On aspiration thin pus was revealed showing a few streptococci on staining. Her chest was aspirated on three occasions and then the fluid ceased to collect.

At the present time, November 15th, after six months' illness, her general condition has almost returned to normal. She has regained her colour and her weight. All the joints have been restored to normal function with the exception of the right knee, which has healed but shows partial ankylosis, only a range of movement of about forty-five degrees. Both mastoid regions show discharging sinuses and will probably require a further plastic operation but the hearing is little impaired. The heart is apparently normal.

Here then we have the case of a child developing scarlet fever immediately after measles. Probably by reason of the double infection the scarlet fever streptococci, instead of causing only a local involvement as usual, entered the bloodstream. This septicæmia may have occurred directly from the throat or through the mastoiditis. She recovered apparently through the gradual loss of virulence of the organism in the course of months. This is well illustrated in the course of the empyema healing after aspiration alone without drainage. The case illustrates well the importance of conservative measures in such cases. An unusual feature is the healing of the multiple lesions without permanent disability resulting.

The Surgical Treatment of Varicose Veins of the Female Pelvis.—After having seen about forty patients in whom at operation large pelvic varicosities were found, Ludwig A. Emge, San Francisco, is convinced that the preoperative diagnosis is by no means as easily made as he originally stated. The vagueness of the local findings makes a definite diagnosis quite difficult. Often it can be arrived at definitely only during an exploratory operation. It is therefore of greatest importance to avoid placing these patients in the Trendelenburg position until after pelvic exploration, since elevating the pelvis above the level of the shoulders will stop venous backflow, allowing the distended veins to collapse. The vast majority of varicose veins of the female pelvis are a direct result of damage to the fibro-elastic suspensorium. Only a small portion is the result of actual lesions in the

walls of the venous channels. Since the fibro-elastic suspensorium is intimately attached to the pelvic peritoneum which forms the covering of the basal ligaments of the generative organs, it is possible to obtain a normal control of the veins of these organs by increasing traction on this peritoneum. This traction is obtained by shortening the sacro-uterine and associated ligaments and is aided by a round ligament transplantation. In twenty-one of twenty-three cases this procedure gave relief from symptoms. The permanence of this procedure in regard to anatomic and functional results has been established by actual inspection and by the freedom from symptoms for from one to seven years and after childbirth. The chief symptoms in the author's cases were pelvic pain, backache, dysmenorrhea and constipation.—*Jour. Am. Med. Ass.*, Nov. 28, 1925.